

## Part II: Exploring OM and other aggregate mental health data



### AMHOC

Pre-conference Workshop 3: What 's the story? Consumer and carer use and understanding of outcomes information

24<sup>th</sup> November 2008

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## Introduction



## Rationale in regard to outcome measurement in mental health

The guiding question is:

- Who receives .....
- What services .....
- From whom .....
- At what cost .....
- With what effect .....

From Leginski et al. 1989

## National Outcomes and Casemix Collection Protocol (NOCC)

- Mental Health Service Setting
- Age Group
- Episode of Mental Health Care
- Collection Occasion

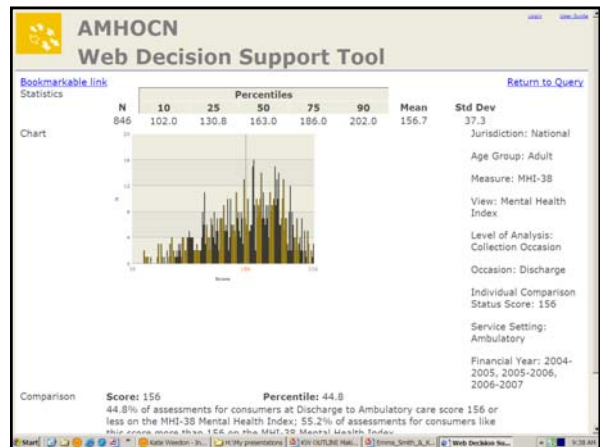
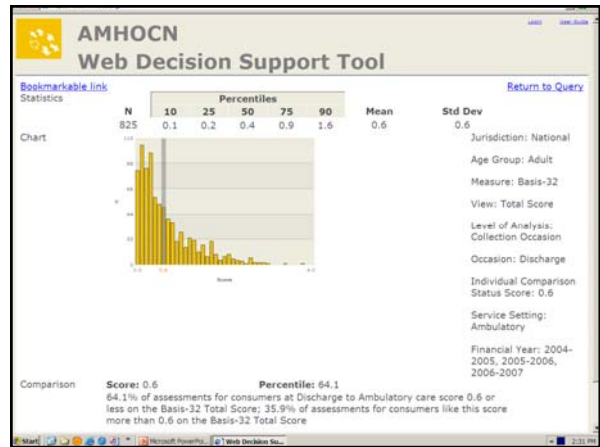
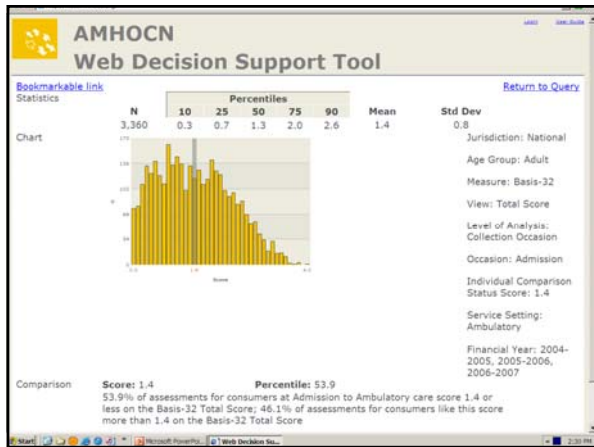
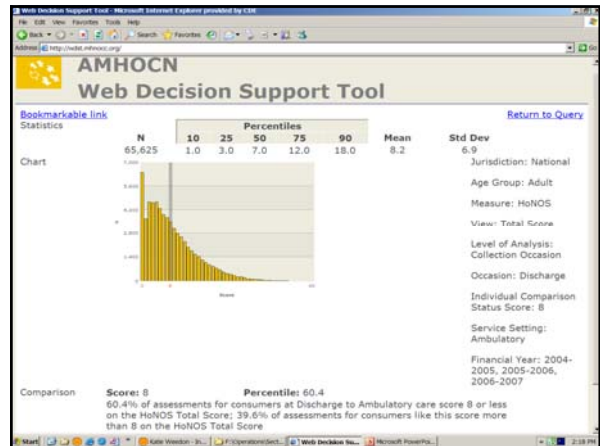
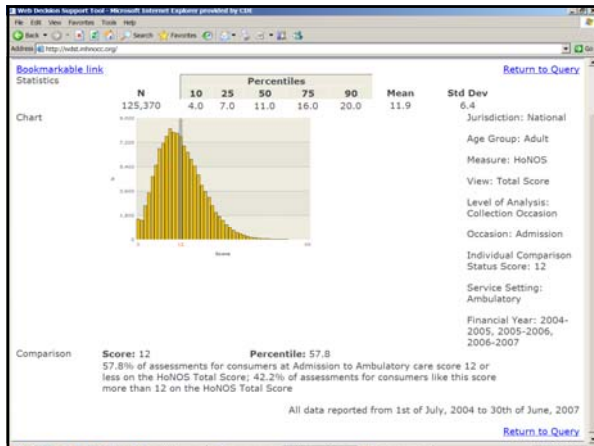
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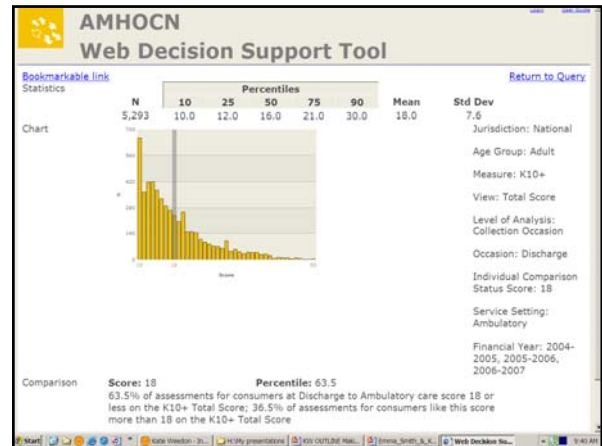
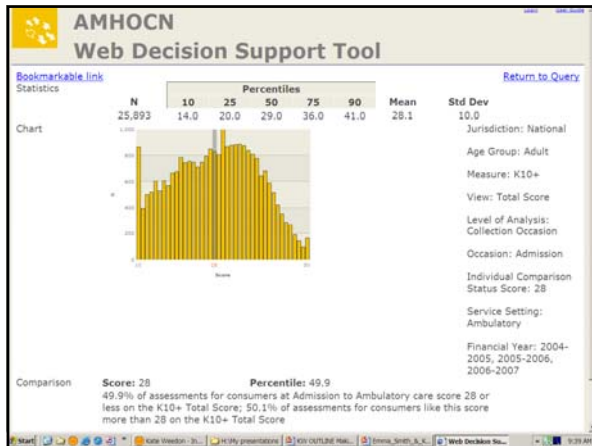


## Service and state reports

A variety of outcome measurement reports exist at a service through to state level. The Reporting on Outcome Measurement Project (ROMP) Reports are compiled by the Victorian Department of Human Services; they show service compliance to the National Outcomes and Casemix Collection (NOCC) protocol and the average OM scores within services.







### Number consumer self-rated measure collections Adult Ambulatory (Admission/Discharge)

Consumer self-rated measures	Admission	Discharge
K-10	25, 893	5, 293
MHI	3,685	846
BASIS-32®	3,360	825



# Australian Institute of Health and Welfare

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News features:  
 → **New media releases and publications... Notify me when new publications are released!**  
 Neural tube defects in Australia (3 November 2008) [media release and publication]  
 Dental practice activity by geographic location (3 November 2008) [publication]  
 Dental labour force projections, 2009-2039 (3 November 2008) [publication]  
 Oral health and access to dental care by carholder and insurance groups (3 November 2008) [publication]  
 Patterns of tooth loss in the Australian population 2004-06 (3 November 2008) [publication]  
 [more media releases] [more publications]

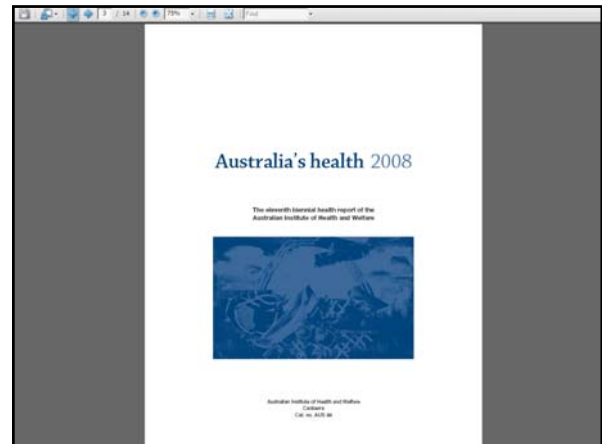
→ **Publications effectiveness survey**  
 At the Australian Institute of Health and Welfare (AIHW) we are always trying to improve the effectiveness of our publications. We would value your honest feedback on selected publications. (15 August 2008)  
 [More on the publications effectiveness survey]

→ **One of the 'Best Companies to Work for in Australia'**  
 AIHW is proud to have been recognised by Great Place to Work™ Australia as a 'Best Company to Work for in 2008'. We intend to remain a great workplace by providing fulfilling work in a building environment. Employment opportunities at the AIHW appear regularly on this website. (12 August 2008)  
 Employment opportunities at the AIHW - [more on the 'Best Company to Work for in 2008']

→ **AIHW submission to the Government's Green Paper on Homelessness**  
 In response to an invitation for written submissions to the Australian Government Green Paper on homelessness titled 'Which Way Home? A New Approach to Homelessness', the AIHW made a submission discussing the data presented in the Green Paper and highlighting the availability and quality of data about housing and homelessness

# The Australian Institute of Health and Welfare (AIHW)

## Example 1 *Australia's health 2008*



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**Table 7.20: Service contacts in government-operated community mental health services<sup>(a)</sup>, 2005–06**

Principal diagnosis	Number of service contacts	Per cent of specified principal diagnoses
Organic, including symptomatic, mental disorders	115,074	2.0
Mental and behavioural disorders due to psychoactive substance use	136,834	2.4
Schizophrenia, schizotypal and delusional disorders	2,064,194	36.4
Mood (affective) disorders	1,038,802	18.3
Neurotic, stress-related and somatoform disorders	414,224	7.3
Behavioural syndromes associated with physiological disturbances and physical factors	47,119	0.8
Disorders of adult personality and behaviour	182,746	3.2
Mental retardation	19,608	0.3
Disorders of psychological development	34,666	0.6
Behavioural and emotional disorders with onset usually occurring in childhood and adolescence	126,649	2.2
Other <sup>(b)</sup>	872,083	15.4
No principal diagnosis reported, including Mental disorder not otherwise specified	613,409	10.8
<b>Total</b>	<b>5,665,408</b>	<b>100.0</b>

(a) Includes all reported diagnoses that are not in the 'Mental and behavioural disorders' chapter of ICD-10-AM (codes F00 to F99).  
Source: AIHW 2008.

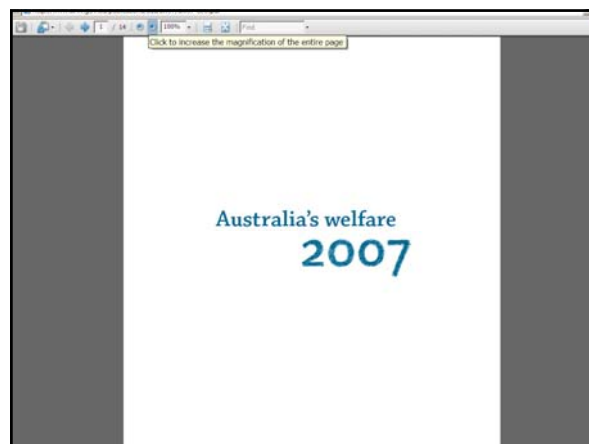
**Table 7.23: Mental health-related prescriptions, by type of medication prescribed<sup>(a)</sup> and prescribing medical practitioner<sup>(b)</sup>, 2006–07**

ATC group (code)	General practitioners	Non-psychiatrist specialists	Psychiatrists	Total	Total (%)
Antipsychotics (N05A) <sup>(c)</sup>	1,453,905	153,890	390,425	1,998,020	9.7
Anxiolytics (N05B)	3,037,662	85,216	141,540	3,264,418	15.8
Hypnotics and sedatives (N05C)	2,632,598	85,360	54,435	2,772,393	13.4
Antidepressants (N06A)	10,642,397	391,199	1,004,580	12,038,176	58.3
Psychostimulants and nootropics (N06B)	48,906	155,341	69,984	274,231	1.3
Other ATC groups <sup>(d)</sup>	..	..	290,251	290,251	1.4
<b>Total</b>	<b>17,815,468</b>	<b>870,806</b>	<b>1,951,215</b>	<b>20,637,489</b>	<b>100.0</b>
<i>Proportion of total (per cent)</i>	<i>86.3</i>	<i>4.2</i>	<i>9.5</i>	<i>100.0</i>	<i>..</i>

(a) Classified according to the Anatomical Therapeutic Chemical (ATC) Classification System (WHO 2008).  
(b) Does not include 28,863 scripts where the prescriber's speciality was unknown and the ATC level 3 code was N05A, N05B, N05C, N06A or N06B.  
(c) Includes clozapine dispensed through Section 100 arrangements by private hospitals.  
(d) Includes other N codes as well as other ATC medication groups. Note that data for other ATC groups prescribed by general practitioners and non-psychiatrist specialist are not presented because they are not included in the definition of mental health-related medications.  
Source: AIHW 2008.

## The Australian Institute of Health and Welfare (AIHW)

### Example 2 *Australia's welfare 2007*



Editorial team	
Editors:	Sushma Mathur Diane Gibson
Production manager:	Rosemary Ganly Joanne Maples
Authors	
Chapter 1:	Introduction
Chapter 2:	Children, youth and families Sushma Mathur, Cynthia Kim, Nicole Hunter, Deidre Penhaligon
Chapter 3:	Ageing and aged care Cathy Hales, Ann Peut
Chapter 4:	Disability and disability services Chris Stevenson, Xingyan Wen, Karen Blakey-Fahy, Jason Brown, Tim Beard, Rachel Carr
Chapter 5:	Housing for health and welfare David Wilson, Tracie Ennis, Hong-Yan Wang
Chapter 6:	Dynamics of homelessness Anne Giovannetti, Joan Reid, Felicity Murdoch, Simon Edwards
Chapter 7:	Welfare services resources Manerat Pinyopusarek, Paul Meyer, John Goss, Jenny Hargreaves
Chapter 8:	Indicators of Australia's welfare Louise O'Rance, Jason Brown

Table 4.6: Australian Government disability-related payments and allowances, recipients, expenditure and payment rate (all ages), 2005-06

	Recipients as at June 2006	Administered expenses 2005-06 (\$m)	Maximum payment rate for a single adult at 1 July 2006 (per fortnight)
Disability Support Pension	712,163	8,256	\$499.70
Mobility Allowance	51,669	95.9	\$74.30
Sickness Allowance <sup>(a)</sup>	7,510	85.4	\$420.90
Carer Allowance (Child/Adult) <sup>(b)</sup>	366,960	1,258.4 <sup>(c)</sup>	\$94.70
Carer Payment (DSP/AP/other)	105,058	1,220.8	\$499.70
Wife Pension (DSP)	24,627	258.5	\$499.70
Newstart Allowance (incapacitated)	40,535	n.a. <sup>(d)</sup>	\$420.90
Youth Allowance (incapacitated)	3,203	n.a. <sup>(d)</sup>	\$348.10
Continance Aids Assistance Scheme	19,599	11.2	\$18.08 <sup>(e)</sup>
Disability Pension (DVA)	145,546	1,327	\$832.10 <sup>(f)</sup>

(a) From July 2002 the Australian Government Department of Family and Community Services introduced a revised method of counting Sickness Allowance, Newstart Allowance, Mature Age Allowance, Partner Allowance, Widow Allowance, Special Benefit, Youth Allowance and Austudy Payment clients, based on eligibility and entitlement.  
 (b) Excluded from this count: 15,996 who received Carer Allowance (CA) Health Care Card only.  
 (c) Administered expenses and recipients for Carer Allowance (CA) and Carer Allowance (CA) are combined.  
 (d) Administrative expenses for Newstart Allowance (incapacitated) and Youth Allowance (incapacitated) are not available as they are included in the larger funding budget for these two programs.  
 (e) The Continance Aids Assistance Scheme payment rate was \$470 per year.  
 (f) This payment rate applies to special rate disability pensioners who are totally and permanently incapacitated. Other rates of disability pension (DVA) apply according to eligibility.  
 Source: DEWR 2006a, 2006b; DoHA personal communication, DVA 2006; FaCSIA unpublished data.

### Australia's welfare 2007 - p. 191

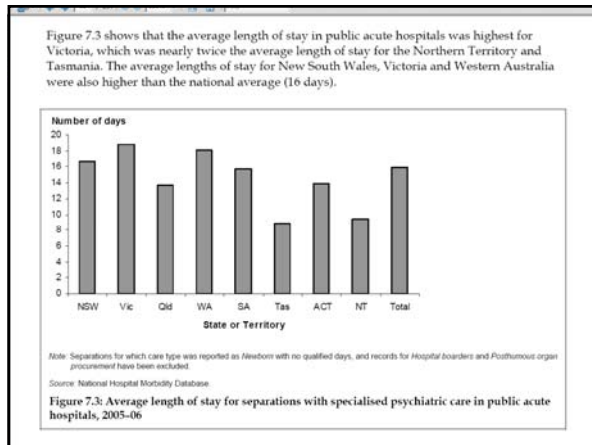
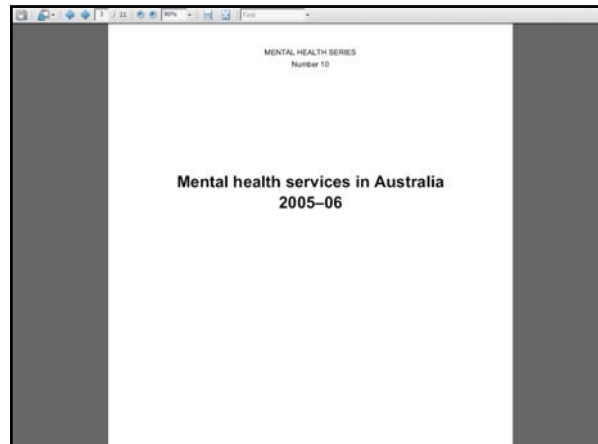
While mental illness and substance use can make people more vulnerable to homelessness, recent research has supported the notion that these difficulties often develop after a person becomes homeless. In the case of substance abuse, it was found that two-thirds developed problematic use after they became homeless. Just over half of people with mental health problems developed them after they became homeless. (Chamberlain et al. 2007).

### Australia's welfare 2007 p. 271

Agencies estimated that, in the 6 months before the inquiry, there were 2,250 occasions on which people were excluded from 165 agencies. The majority of agencies (57%) turned away between 1 and 20 people in the 6 months before the survey, 11% of agencies turned away over 40 people and 17% of agencies turned away no-one. Of those people excluded, 470 people were excluded because of a problematic substance use issue, 290 because of a mental illness and 275 exhibited violent behaviour.

## The Australian Institute of Health and Welfare (AIHW)

### Example 3 *Mental health services in Australia 2005-2006*



### Mental health legal status

Table 7.3 shows the number of separations with specialised psychiatric care by hospital type and the patient's mental health legal status. Voluntary separations comprised 57.9% of all separations. Public acute hospitals reported the highest number of involuntary separations (79.0%). The majority (69.6%) of private hospital separations were voluntary but there was a relatively high number of private hospital separations with no mental health legal status reported (8,666 or 29.4%). Public psychiatric hospitals have a higher proportion (61.2%) of separations with involuntary status compared with the other hospital types.

Table 7.3: Admitted patient separations<sup>(a)</sup> with specialised psychiatric care, by mental health legal status and hospital type, 2005-06

Mental health legal status	Public acute hospitals	Public psychiatric hospitals	Private hospitals	Total
Involuntary	31,509	8,110	276	39,895
Voluntary	43,072	5,145	20,517	68,734
Not reported	1,438	0	8,666	10,104
<b>Total</b>	<b>76,019</b>	<b>13,255</b>	<b>29,459</b>	<b>118,733</b>

(a) Separations for which case type was reported as Newborn with no qualified days, and records for Hospital boarders and Posthumous organ procurement have been excluded.  
Source: National Hospital Mortality Database.

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## Australian Bureau of Statistics

The next few slides look at information available on the Australian Bureau of Statistics, the ABS site.



Training Calendar

Note: All courses held in State Capital Cities unless indicated

Course/programme	ACT	NSW	VIC	QLD	WA	SA	TAS	NT
<b>Accessing ABS Information Seminar</b> Duration: 1.5 hours Cost: Free		20/11/09 20/05/09			26/11/08	13/11/08		
<b>Analysing Survey Data Made Simple</b> Duration: 2 days Cost: \$750 (inc. GST)		25/03/09 28/05/09 05/06/09 21/10/09		01/04/09 02/09/09				
<b>Basic Survey Design</b> Duration: 2 days Cost: \$750 (inc. GST)			22/07/09 24/11/09					
<b>COATA Online Seminar</b> Duration: 1.2 hours Cost: Free	05/12/08			02/13/08 08/12/08 20/01/09				
<b>Free 2004 Census Information Session</b> Duration: 3 hours Cost: Free				11/11/08				
<b>Free Teacher Librarian Information Session</b> Duration: 3 hours Cost: Free						05/11/08		30/10/08
<b>Introduction to Labour Statistics</b> Duration: 1 day Cost: \$450 (inc. GST)	07/11/08	03/06/09 04/06/09			17/11/08			
<b>Course/programme</b>	<b>ACT</b>	<b>NSW</b>	<b>VIC</b>	<b>QLD</b>	<b>WA</b>	<b>SA</b>	<b>TAS</b>	<b>NT</b>
<b>Making Quality Informed Decisions</b> Duration: 1 day Cost: \$450 (inc. GST)	28/10/08 26/03/09 14/07/09 11/11/09	20/11/08 26/02/09 12/11/09	03/03/09 13/06/09					
<b>Principles of Questionnaire Design</b> Duration: 2 days Cost: \$750 (inc. GST)	29/04/09 24/09/09	25/08/09						
<b>Turning Data Into Information</b> Duration: 2 days Cost: \$750 (inc. GST)	17/11/08 24/02/09 13/05/09	18/10/08 22/04/09 14/10/09	15/10/08 13/05/09 20/05/09	29/10/08 05/11/08	03/12/08		19/11/08	

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**Australian Bureau of Statistics**

**NATIONAL SURVEY OF MENTAL HEALTH AND WELLBEING: SUMMARY OF RESULTS**

AUSTRALIA

EMBARGO: 11.30AM (CANBERRA TIME) THURS 23 OCT 2008

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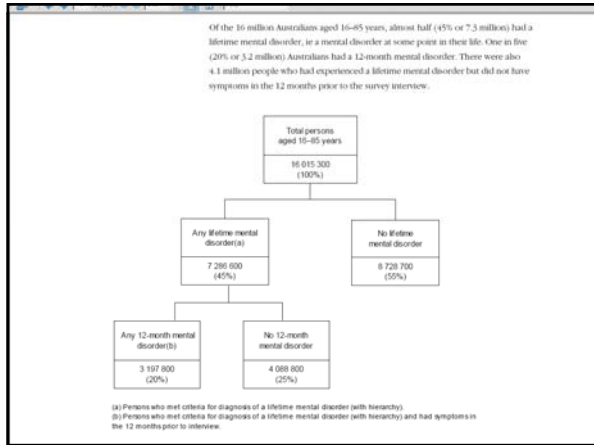
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**Australian Bureau of Statistics**

**DISABILITY, AGEING AND CARERS: SUMMARY OF FINDINGS**

AUSTRALIA

EMBARGO: 11.30AM (CANBERRA TIME) WED 15 SEP 2004

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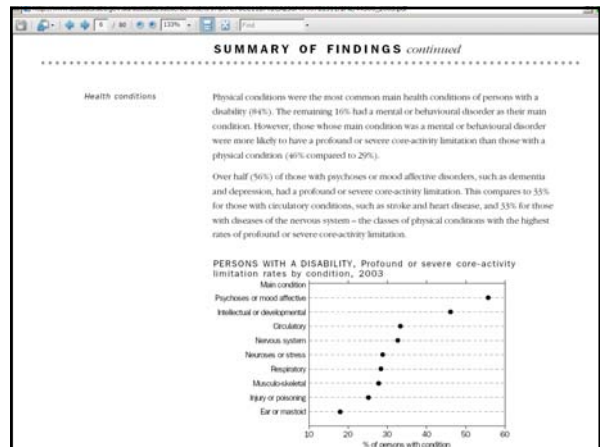
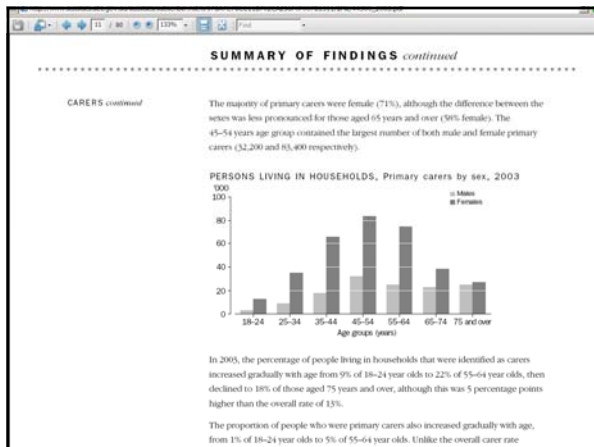
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## Summary

A mass of MH data is available both mental health staff, including consumer and carer consultants, and to the general public.

Whether it is the Web Decision Support Tool (WDST), Australian Institute of Health and Welfare (AIHW) or the Australian Bureau of Statistics (ABS), these sites are particularly useful if we are involved in policy, planning or the evaluation of Australian mental health services.

## Thankyou



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## Useful websites

Australian Mental Health Outcomes and Classification Network (AMHOCN):

<http://www.mhnocc.org/>

Decision Support Tool (WDST):

<http://wdst.mhnocc.org/>

Australian Institute of Health and Welfare (AIHW):

<http://www.aihw.gov.au/>

Australian Bureau of Statistics (ABS):

<http://www.abs.gov.au/>

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